

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 10161</b>	<b>Date: May 26, 2020</b>
	<b>Change Request 11791</b>

**Transmittal 10139, dated May 15, 2020, is being rescinded and replaced by Transmittal 10161, dated, May 26, 2020 to revise the implementation date for the MACs. All other information remains the same.**

**SUBJECT: Therapy Codes Update**

**I. SUMMARY OF CHANGES:** This Change Request (CR) updates the list of codes that sometimes describe therapy services. The additions to the therapy code list reflect those made in the Calendar Year (CY) 2020 for the COVID-19 public health emergency (PHE).

**EFFECTIVE DATE: March 1, 2020**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: June 16, 2020 - for the MACs; July 6, 2020 - for FISS**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	N/A

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**One Time Notification**

# Attachment - One-Time Notification

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## I. GENERAL INFORMATION

**A. Background:** Section 1834(k)(5) of the Act requires that all claims for outpatient rehabilitation therapy services and all comprehensive outpatient rehabilitation facility services be reported using a uniform coding system. The Calendar Year (CY) 2020 CPT and Level II HCPCS is the coding system used for the reporting of these services.

This CR updates the list of codes that sometimes or always describe therapy services. The additions to the therapy code list reflect those made in the Calendar Year (CY) 2020 for the COVID-19 public health emergency (PHE). The therapy code listing can be found on the CMS website at <http://www.cms.gov/Medicare/Billing/TherapyServices/index.html>.

**B. Policy:** The policies implemented in this notification are reflective of policies related to the interim final rule with comment (IFC) entitled Medicare and Medicaid Programs; Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency (CMS-1744-IFC) and the IFC entitled Medicare and Medicaid Programs Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency (CMS-5531-IFC) and the Coronavirus Aid, Relief, and Economic Security Act (CARES Act). This CR updates the therapy code list and associated policies effective March 1, 2020, for the duration of the COVID-19 PHE.

CMS is designating the below listed codes we've collectively termed as communication technology-based services (CTBS) as "sometimes therapy" to permit physicians and Non-Physician Practitioners (NPPs), including nurse practitioners, physician assistants, and clinical nurse specialists to furnish these services outside a therapy plan of care when appropriate. When furnished by psychologists, licensed clinical social workers, or other practitioners, these CTBS codes are never considered therapy services and may not be reported with a GN, GO, or GP therapy modifier. When any of the listed CTBS codes are furnished by therapists or therapy providers, they're always furnished under a therapy plan of care and require the associated therapy modifier of GP, GO, or GN, for physical therapy, occupational therapy or speech-language pathology.

The following three CPT codes, using their short descriptors, are added for telephone assessment and management services:

- CPT code 98966 (Hc pro phone call 5-10 min)
- CPT code 98967 (Hc pro phone call 11-20 min)
- CPT code 98968 (Hc pro phone call 21-30 min)

The following HCPCS codes, using their short descriptors, are added for remote evaluation of patient images/video, virtual check-ins, and online assessments (e-visits):

- HCPCS code G2010 (Remot image submit by pt)
- HCPCS code G2012 (Brief check in by MD/QHP)
- HCPCS code G2061 (Qual nonMD est pt 5-10 min)
- HCPCS code G2062 (Qual nonMD est pt 11-20 min)
- HCPCS code G2063 (Qual nonMD est pt 21 min)

## II. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C	Shared- System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
11791.1	The Medicare contractors shall change any policies or local edits that are not consistent with the policies or list of codes provided in this CR.	X	X	X							
11791.2	The Medicare contractors shall be aware of the following therapy code changes:  Codes 98966, 98967, 98968, G2010, G2012, G2061, G2062, and G2063 have been added as “sometimes therapy”, effective March 1, 2020 for the duration of the COVID-19 public health emergency (PHE) and will be added as a new “sometimes therapy” disposition for “CTBS” services to the code list located on the CMS website at <a href="http://www.cms.gov/Medicare/Billing/TherapyServices/index.html">http://www.cms.gov/Medicare/Billing/TherapyServices/index.html</a> .	X	X	X		X					IOCE
11791.3	The Medicare contractor shall update any necessary changes including logic or reason code narratives for these codes.					X					

## III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H		
11791.4	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the "MLN Matters" listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.	X	X	X		

**IV. SUPPORTING INFORMATION**

**Section A: Recommendations and supporting information associated with listed requirements:** N/A

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

**Section B: All other recommendations and supporting information:** N/A

**V. CONTACTS**

**Pre-Implementation Contact(s):** Carla Douglas, carla.douglas@cms.hhs.gov , Pam West, pamela.west@cms.hhs.gov

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

**VI. FUNDING**

**Section A: For Medicare Administrative Contractors (MACs):**

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immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**ATTACHMENTS: 0**